

2876

MARGIN RESERVED FOR BINDING
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 429
REGISTERED NO. 23

1. PLACE OF DEATH
COUNTY Pinal STATE ARIZONA OR
TOWNSHIP _____ OR VILLAGE _____ WARD _____
CITY Florence NO. _____ NAME (INSTEAD OF STREET AND NUMBER) _____
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 33 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. (IF FOREIGN BIRTH) _____ YRS. _____ MOS. _____ DS.
2. FULL NAME George Washington Myers HOW LONG IN STATE WHEN DEATH OCCURRED? 28 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Florence ST. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Carrie Myers
(OR WIFE OF _____)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/5/58

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
78 4 18

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Rancher

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Alabama

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Germany

17. INFORMANT (ADDRESS) John Henry Myers

18. BURIAL, CREMATION, OR REMOVAL PLACE Budal DATE 4/25, 1935

19. EMBALMER LICENSE NO. _____ SIGNATURE D. O. Martin
FUNERAL DIRECTOR SIGNATURE Clarence
ADDRESS _____ REGISTRAR

20. FILED May 9, 1935

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.

I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:00 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Chronic Pneumonia
Myocarditis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY _____
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY _____ M. D.
(SIGNATURE) G. A. [Signature]
(ADDRESS) _____

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10K-10-6-34-REP-GAZ PRINTERY--FORM 3